



State of New Hampshire 2012 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2012

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE

WILL BE ASSESSED A LATE FEE.

APOTHECARIST INSTITUTE INCORPORATED

259A MAIN STREET

Nashua, NH 03060

ADDRESS OF PRINCIPAL OFFICE:

259A MAIN ST

NASHUA, NH 03060

REGISTERED AGENT AND OFFICE:

BRADLEY WHITNEY

259A MAIN ST

NASHUA, NH 03060

ENTITY TYPE: CORPORATION

BUSINESS ID: 189572

STATE OF DOMICILE: NEW HAMPSHIRE

ASSOCIATION SERVICES & SALES OF PRODUCTS & PUBLICATONS
TO PHARMACY PROFESSION ETC

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME BRADLEY WHITNEY, PRES.

STREET 259 A MAIN ST

CITY/STATE/ZIP NASHUA, NH 03060

NAME PATRICIA L. WHITNEY, Sec'y

STREET 259 A MAIN ST

CITY/STATE/ZIP NASHUA, NH 03060

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME BRADLEY WHITNEY, TREAS.

STREET 259 A MAIN ST

CITY/STATE/ZIP NASHUA, NH 03060

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



018957220121008

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529